SUBSTITUTE G-4P

WITHHOLDING CERTIFICATE FOR PENSION OR ANNUTIY PAYMENTS

T. D. (C.11	IG 11G 11 NT 1	
Type or Print your full name:	Social Security Number:	٦
Mailing Address (Number and Street or Rural l	Route):	
City, State, Zip Code:		l
City, Butte, 24p Code.		
Marital Status:	1.11 ()) () () () ()	7
() Single () Head of Hous () Married filing Jointly () One Spouse P	ehold () Married Filing Separately	
() Married Hing Jointy () One Spouse I	ensioned () Both Spouses Fensioned	
The Peace Officers' Annuity and Benefit Fund members and many of the monthly pension a Georgia Income Tax to be withheld. However Income Tax and the Sate is now requiring us t we are instructed by the recipient of the pension	mounts we issue are not large enough to r, many of our retirees are subject to payi to withhold State Tax on pension payment	require ing State
If you had to pay any State Income Tax last from your monthly pension to divide up your ta In this case you should check Option 2 below a	ax liability to the state into 12 equal payme	ents.
If you were not required to pay State Incomobligation by making Estimated quarterly retuyour Estimated Quarterly Returns.	ne Tax last year, OR are paying your surns, check Option 1 below, but continue	state tax making
1. () I <u>do not</u> want to have State Income Tax	withheld form my monthly pension.	
2. () I <u>do</u> want to have State Income Tax with amount of \$	nheld from my monthly pension in the	
Signature:	Date:	·
RETURN THIS FORM TO: Peace Officers' A P.O. Box 56	Annuity & Benefit Fund	

Griffin, GA 30224-0056